SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent:

Address to send permit

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JAN 20 2021

Bayfield Co.
Planning and Zoning Agency

Permit #: 21-019
Date: 2-12-21
Reccipited #502-10-21
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department

Checks are made p				127	TO 10011										1
DO NOT START COI				HAVE BEEN ISSUED	TO APPLIC	CANT. Or	rigina	Applicat	ion <u>MU</u>	ST be sub		habitation to	OUT IN INK (NO PE	NCIL)
TYPE OF PERMIT Owner's Name:	REQUES	TED→	- -	LAND USE	SANITA		IVY	□ CON			SPECIA	L USE	B.O.A.	OTH	
TOWN	of	Be	211		P.O.	Address: Box 3	30	Ì		City/State/	ACOPIS	a, h	II 548	ZZZ ZZ	ione:
Address of Proper		211	Siskiwit	B. Prince	Ci	ity/State/Zip		olav			ルエ	348	<i>i</i> 7	Cell Ph	none:
Contractor:	W. I. W.	1-01	212 EVM 13	DEY I KWY	Contrac	tor Phone:			mber:		,	370		Plumb	er Phone:
Authorized Agent:	/Downey Cie		 	16 - 6 0 40-11	Accust D	lhana.		A ==	D.G - 111	A.I.I.	/: 1 1 C'	/c /=:	,		
R. Mari	les P	e YY	4-Tou	14 of BeV	Agent P	209-063	4	Age	7/40	ng Address	Include Cit	Way	0): C	Writte Autho	n rization
R. Charles Perry-Town of Bel.						(1/1 54)						4827	FEZ 7 Attached ☐ Yes ☐ No		
PROJECT LOCATION Legal Description: (Use Tax Statement)						Tax ID# 7936							Recorded Document: (Showing Ownership)		
					CSM \	/ol & Page	1	CSM Doc# Lot(s) # Block #				Subdivision:			
Section 34	, Tow	nship _	5/ N, R	ange 6 V	v	Town of: Bell						Lot Size Acreage			
	Vis	Propert	y/Land withi	n 300 feet of Riv	er, Strear	n (incl. Interm			nce Stru	çture is fr	om Shorelii	ne :	ls your Prope	-	Are Wetlands
☐ Shoreland -				of Floodplain?		continue			14/	4		feet	to etc. to to to		Present?
	\\$\text{\sqrt{Is}}	Propert	y/Land withi	n 1000 feet of La		or Flowage		Distar	nce Stru	cture is fr	om Shorelii	ne : feet	Ves		☐ Yes ☑ No
☐ Non-Shoreland	d							1==					□ No		4 110
Value at Time	The same						12	112							
of Completion				Project		Project			H			hat Type of Sanitary System(s)			Type of Water
* include donated time		Proje	ct	# of Stories	Foundation			on			the prop			on	
& material								pro	property			Vill be on the property? pro			
	☐ New	Constr	ruction	☐ 1-Story		Basement		1	☐ Municipal/City					☐ City	
	☐ Addition/Alteration			☐ 1-Story + Loft	Foundation			☐ 2 ☐ (New) Sanitar				y Specify Type:			□ Well
\$ 30,000	□ Conv	ersion		☐ 2-Story	Story 🗆 Slab			Sanitary (Exist							
	☐ Relocate (existing bldg)											□ Vaulted (min 200 gallon)			
				siness on			Use						ervice contract)		
	Prop		-d rode		X	∑ Year Round						et			-
											10				
Proposed Cons					lied for) Length: Width: Width:							Height:			
Froposed Cons	ti uction.	(over	an unificitision	5)		Length				wiath:	-		Height:		
Proposed I	Use	1			Pi	roposed St	ructi	ıre				Din	nensions		Square Footage
				Structure (firs			erty)	1				117	x 85)		1445
			Residenc	e (i.e. cabin, hu	inting sh	ack, etc.)		d	11			(100			400
☐ Residentia	l Use		with Loft with a Porch								1 40			900	
				with (2 nd) Po		110	10	1	-			(15			1485
				with a Deck		5	J.	4)				130	X //)		480
☐ Commerci	al Use		with (2 nd) Deck									1 22			176
_ commerci	a. 030			with Attach			-					(4.	5x 301		1350
				se w/ (□ sanitar							facilities)	1-11	In 1		6296
Municipal Use			Mobile Home (manufactured date)									(X)		
			Addition/Alteration (explain)									(X)		
		Accessory Building Addition (Alteration (Audition)									(X			
				Accessory Building Addition/Alteration (explain)								(
☐ Special Use: (explain) ☐ Conditional Use: (explain)													X)		
Uther: (explain)				IJ							1	X			
		ш			OF CTABLE	NC CONCTO	CTION	MITHOLIT	A DER	TMULET	II T IA STORE	1 ,	^	1	
I (we) declare that this	s application ((including a	any accompanying	OBTAIN A PERMIT information) has been	en examined	by me (us) and	to the	best of my (our) knowle	edge and belie	f it is true, corr	ect and comp	olete. I (we) ackno	owledge th	nat I (we) am
(are) responsible for t result of Bayfield Cou	he detail and nty relying or	accuracy on this inform	f all information I mation I (we) am	(we) am (are) provid	ing and that	it will be relied	upon by	Bayfield Co	unty in de	termining who	ether to issue a	permit. I (we	e) further accept I	iability wh	ich may be a
property at any reason	nable time fo	r the purpo	ose of inspection.										1/11/2	71	
Owner(s):	Itiple Own	ers listed	on the Deed	All Owners must	sign or let	ter(s) of auth	noriza	tion must	accompa	ny this ann	lication)	Date	11.17	ULI	

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

aw or Sketch your Property (regardless of what you are applying for)

Show Location of:

Proposed Construction

Fill Out in Ink - NO PENCIL

Show / Indicate: (2)

North (N) on Plot Plan

Show Location of (*): (3)(4)Show:

(*) Driveway and (*) Frontage Road (Name Frontage Road)

Show: (5)

All Existing Structures on your Property

Show any (*): (6)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(7) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

See attached Map and Photo.

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurem		Description		ements
Setback from the Centerline of Platted Road	185	Feet	Setback from the Lake (ordinary high-water mark)	0	Feet
Setback from the Established Right-of-Way	140	Feet	Setback from the River, Stream, Creek		Feet
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	0	Feet			
Setback from the South Lot Line	0	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	10	Feet	20% Slope Area on the property	☐ Yes	□No
Setback from the East Lot Line	275	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank		Feet	Setback to Well		Feet
Setback to Drain Field		Feet		/	
Setback to Privy (Portable, Composting)		Feet			

usly surveyed corner or marked by a licensed surveyor at the owner's expense.

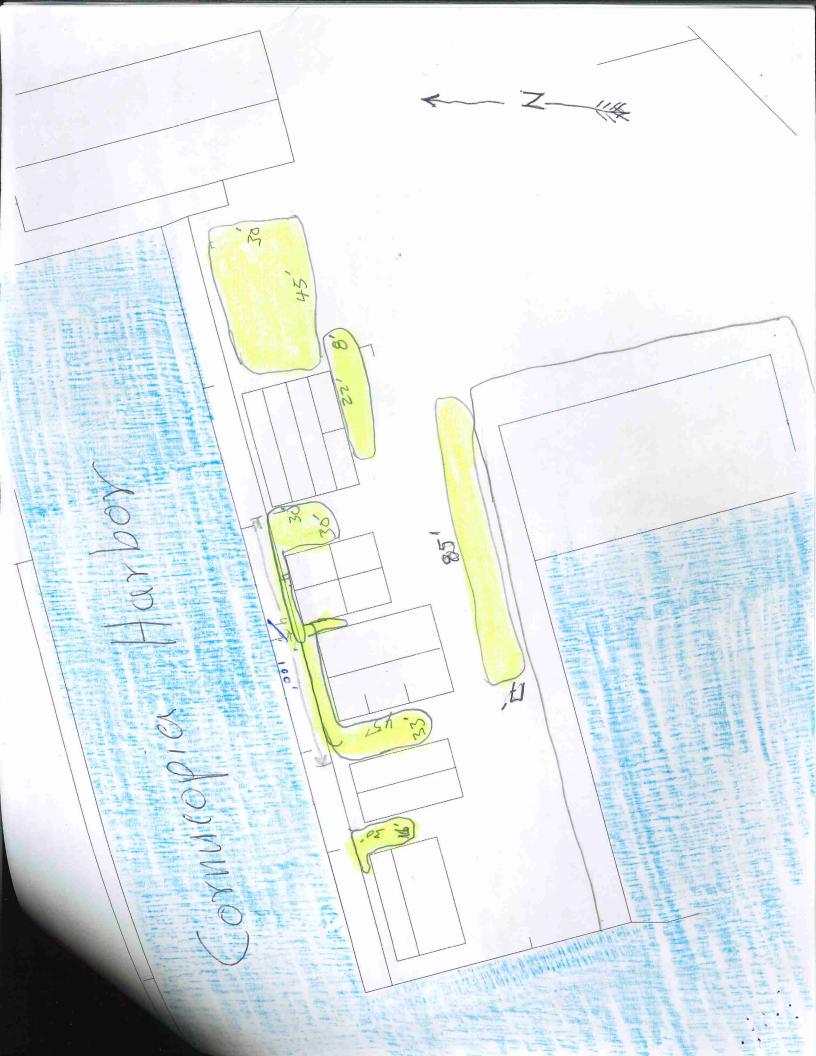
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: <u>ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.</u> The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	1	# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit #: 21-0019	Permit Date: 2-12-21								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached		Affidavit Required					
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted by Variance (B.O.A.) State of the control of t							
		Were Property Lines Represented by Owner Was Property Surveyed Yes No							
Inspection Record: Cornvcopia Marina flooding around str	area propositivities and	perking area. Zoning District (RRB) Lakes Classification (1)							
Date of Inspection: October 2020	Inspected by:	ld Norwa	ol	Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached? Yes No – (If No they need to be attached.)									
Use construction best management practices to present exesten Ised mentation.									
Must obtain any necessary state or federal permits if required, use construction best management practices to present eros. In 152dimentation, stabilize / revegetate disturbed area Collowing placement of Gill									
Signature of Inspector:	orvood			Date of Approval: 2-12-21					
Hold For Sanitary: Hold For TBA:	Hold For Affid	avit: 🗌	Hold For Fees: 🗌						



Village, State or Federal
Village, State or Federal
Village, State or Federal
VILLAGE

CONDITIONAL -

BOA -

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0019 Issued To: Town of Bell / Roger										gent				
Location:	_	1/4	of	-	1/4	Section	34	Township	51	N.	Range	6	W.	Town of	Bell
Par in						A									
Gov't Lot	2			Lot	,	Blo	ck	Subdivision					CSM#	*	

For: Residential Other: [Shoreland Grading = 6,296 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must obtain any necessary State or Federal permits if required. Use construction best management practices to prevent erosion / sedimentation. Stabilize / revegetate disturbed area following placement of fill.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE:

This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

February 12, 2021

Date